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**Article II.**  
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ON

IMPROVING THE CONDITION

OF THE

INSANE.

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BY AN INCREASED INSPECTION OF PRIVATE ASYLUMS.

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BY

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AUTHOR OF "REMARKS ON INSANITY, ITS NATURE AND TREATMENT," ETC.

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## IMPROVING THE CONDITION OF THE INSANE.

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*From the London Medical Gazette.*

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IN my last observations on improving the present condition of the insane, I dwelt at some length on the injury inflicted upon poor but respectable patients by having no other asylum offered to them, through the dire distress of their disease, than County Lunatic Asylums or general hospitals for the poor. I suggested, as a remedy, the establishment of asylums for the middle classes, to be commenced by the aid of charity, and carried on by self-supporting means.\* This was a subject which affected only a class. The matter to which I would now draw attention is one more comprehensive in its character, and one which I have found, by the experience of many years, peculiarly to require remedy. I feel that no one can truly appreciate the merits of the case so much as those who have had personal experience; and therefore, however imperfectly I may be able to support my argument, I shall, without flinching, endeavour to explain what I feel so strongly. The matter, however, which I would now discuss affects not only the happiness of the patient, but the honour and serenity of mind of his medical advisers: *I allude to a sufficient inspection, by those in authority, of private lunatic asylums.*

There are lying before me at the same moment the two documents from which I make the following extracts. They both of them interest me, because they touch upon matters which have

weighed much upon my mind. The first awakes my sympathy, as being the work of honest men endeavouring to advance the interests of the insane in a bold and fearless manner,—and I say this, notwithstanding my belief that many of their ideas are impracticable and Utopian. The second carries with it no weight, as being the production of an anonymous writer; and its general tone does not excite my sympathy, except in the matter of the inadequate nature of the present inspection of asylums. Of each I must say—*το μὲν ὁρῶνς εἶπε, το δ' ἡμαρτεν.*

The first is an extract of the alleged Lunatics' Friend Society, containing a summary of suggestions for additions to the law of lunacy. Amongst many other matters, it states that nothing but a weekly or fortnightly inspection can be adequate to prevent the abuses which still exist in private asylums; it goes on to say—"nor can any less frequent inspection do efficient justice to all parties concerned in the detention of persons alleged to be insane." The summary moreover urges that these inspections should be conducted by persons living in the neighbourhood.

The second extract is from a letter signed "E. B.," and published in the Provincial Medical and Surgical Journal (Oct. 1, 1851), in which the writer complains of the inquisitorial nature of the visits of the Commissioners of Lunacy—of there being no appeal from their decision—of their being utterly unable to acquaint themselves with the

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\* Vide Psychological Journal, Oct. 1851.

habitudes of the patients, however long their visits may be; and it ends with these words—"I presume to observe, that the law establishing the Commissioners of Lunacy is neither useful nor can be useful; it often promotes strife, it often engenders bitter feelings," &c. &c.

I agree with the statement of the alleged Lunatic Society in thinking that an inspection of private asylums approaching in frequency to what they demand, is necessary to meet the evils to which private asylums are prone. I say, in consequence, that the present mode of visitation is unequal to the work intended, and cannot do justice to all persons concerned—proprietor and Commissioner, as well as patient—till it is rendered more adequate to its work. But I repudiate, on the other hand, their theory that the inspection should be conducted by ordinary neighbours, however respectable their class; for I believe ordinary neighbours to be incompetent: "*ne sutor ultra crepidam*." I say, instead of this, increase the number of Commissioners. If they are the shepherds, let them be equal to the wants of their flocks; if they are the supreme authority—the "star-chamber"—and proprietors, medical officers, &c., are to be their subordinates only (and I rejoice in this last fact as the only healthy and safe mode of proceeding), let them obtain the confidence of their lieutenants by being in a condition to prove their competency, by physical power as well as moral intention (which latter they have), and all will go well.

I agree with "E. B.," when he complains that the present board is inadequate really to know the habitudes and wants of the patients. Will the Commissioners themselves differ with him on this point? But I differ from him when he desires to do away with the board, *as I look upon it as the great antidote to the evils to which the private system is constitutionally and of necessity prone*. I would say to him, increase the remedies in proportion to the exigencies: "*Tu ne cede malis, at contra audentior ito*." Do not attempt to ignore the exigencies and remove the remedies. If you have had any experience of the conduct of asylums before and since this board has been in operation, do not attempt it: humanity, common sense, ordinary business-like habits, say No! And if these appeals did not speak thus

to you, the convictions of an enlightened age would render your attempts abortive.

I differ from him again when he calls the board a star-chamber; for I know by long experience that its members are freely open to reason, kindly disposed to fairness of judgment to the best of their power, and a body whom I should wish to meet every three weeks rather than every three months; because they are the surest relief amid those difficulties which must continually oppress honourable minds. I differ from him again when he looks on their visits as promoting strife and engendering bitter feelings; for my own experience has made me look to their visits as appeasing difficulties; and I can say this notwithstanding my conviction that their judgment is sometimes inaccurate, and notwithstanding my acquaintance with the fact that, owing to the paucity of their visits, superficial matters of comparatively small moment will often excite that interest and attention which greater matters, more hidden from view, fail to do. This, however, is only one of the evils which makes me say again, if they are the shepherds, let them be equal to the wants of their flock.

And what are these wants? What ought we to expect of the Commission? Is it to be only a body of men who will listen to complaints only when they are expressed, or able to be expressed; or a body competent to seek out and detect the infirmities they are bound to remedy? Surely, in the guardians of the insane, who often will not, and more often cannot, speak for themselves, the latter degree of care, and not the former, is requisite. Let all those who feel assured that medical proprietors cannot any longer occupy at the same time the place of judge, jury, advocate, and prisoner at the bar,—that they must not, in short, be their own judges,—let all who feel assured that the Commission of Lunacy has done good service, and that they could do much more, and meet the exigencies of the case if they were only equal in physical force to these exigencies, join in endeavouring to increase this board.

But I will argue this matter more in detail, in the hope that, by the statement of the experience of many years, I may influence those not conversant with the bearings of the question.

What sort of supervision ought we to

expect of the Commission in Lunacy? There is, I presume, in the present day, no occasion to advocate the necessity of placing the supreme care of the insane in disinterested hands; and this especially in the case of private asylums. Intelligent philanthropy has stifled opposition on this head. But the question which may be, and no doubt is mooted, is, what sort and degree of inspection is rightly to be expected in private lunatic asylums? If we settle this, no doubt all will agree that the workman must be equal to his work,—the Commissioner to what he undertakes. What, then, is to be expected of the Commissioners by the public? Some (not much acquainted with the peculiar nature of a Commissioner's duties) may be content with this analogy—viz. that he occupies the place of a general over his soldiers, or rather an inspector of schools or of prisons over their several departments (proprietors and medical men holding the place of subordinate officers); that all that can be expected of him is to look to general interests, and to entrust all matters of detail to those under him. This loose mode of argument might do pretty well, were the circumstances at all analogous. But are they so? In the army, common interests unite, and similarly actuate the superior and subaltern officer. In national schools and prisons, private motives are comparatively inadmissible. *So far considered*, the inspection of *public* asylums might have some analogy to these instances, but surely not to that of *private* asylums. True, common interests likewise unite the Commissioners with proprietors of sensitive and refined minds—namely, philanthropy and the good of the insane. But how is it in the case of those superintendents who are influenced as much (if not more) by private gain as general philanthropy? The interests of superior and inferior officer are now opposed, and consequently a very different sort of inspection is required. I would be far from saying that we cannot in very many cases trust to the full exercise of the high motives just alluded to. I am far from thinking that proprietors, &c., are not as capable of being actuated by high motives as any other body of officers similarly circumstanced; but the dissimilarity of their circumstances has compelled the public to come to the conclusion that a special guard must be raised against the operation of the less

worthy motives, and that, for safety's sake, we must provide in distrust when self-interest is so unavoidably opposed to general philanthropy.

But, besides the difference of position between the various officers in the cases above named, the difference of condition of the body on whom they are to act makes a clear distinction: a soldier, a prisoner, or a scholar, notwithstanding their subordinate state, are capable of making an appeal to the higher officer in one way or other; the insane, on the other hand, often cannot, and often will not speak for themselves.

Is there any one, however, who has thought on these matters, who would be content that the relation between a Commissioner and a patient should only be the same as that between a private soldier and a general officer, or a scholar and an inspector of schools? Has the enrolment of the one the same cause for anxious investigation as the confinement of the other? Does the continuance of a soldier in the army, or a scholar in a school, require the same heedful watching as the continuance of a patient in a lunatic asylum? Does not the most common observation tell us that the judicial office is constantly required in the one case, and seldom in the other, and *that a Commissioner must be something more than a general supervisor*.

But I do not arrive at this conclusion from general theories, but from constantly occurring experience. I will state, therefore, a few of the occasions where a general supervision does not answer, and where a much more frequent visitation than at present occurs is needed; and will not only ask the public whether they esteem it to be needed, but ask them which needs it most—the patient, the medical proprietor, or the commissioner himself?

1. *Frequent visits are necessary to free the minds of patients of injurious anxiety.*—It frequently occurs that a patient, insane only on a few points, and who can argue very well on most subjects—who is clear-headed enough to know that a private gain is obtained by the proprietor out of his residence in the asylum—cannot be persuaded that justice will be done to him, and that he will be released as soon as his discharge can be permitted with any propriety. No amount of kindness or reasoning on the part of those connected with the



asylum can remove his suspicions. And are we to wonder at this, when the patient knows not into whose hands he has fallen, but knows the circumstances of his residence; and more than this, when the patient cannot believe himself to be the least ailing in mind, and thinks (as most do who are not getting well) that conspiracies are raised against him, and that he is the victim of injustice from the first, distrusting friends and medical men alike? Under these circumstances, it is often very useful to be enabled to say—"The Commissioners will soon be here; you know they are a board who can be influenced by no motive but justice to all: believe confidently, therefore, that you cannot be ill-used with impunity." Upon this, patients cling to the prospect of seeing them: they *do* feel in some degree assured, and, in consequence, trust their medical men and attendants more, and, by degrees, obtain that ease of mind so necessary for a cure. I grant that nothing will satisfy some; but many are capable of appreciating the merits of the case. Day, however, after day passes by, and no Commissioners come: then begins the question, when will these my judges be here? The long delay occasions anxiety and doubts most injurious, not only to the patient's mind, but to the medical man's character for truthfulness. Three months may easily pass away; and more than this, the interval of five months may not be brightened by their long-desired visit. The patient may come and go easily without seeing any Commissioner, and often does! Is this satisfactory, when the Commissioners are esteemed the ultimate judges, and ought to be so? Would the Commissioner himself feel more satisfied than the medical man, could he know the anxiety his delay had occasioned? And yet it is not his fault: he is bound to visit only four times in the year, and it is very desirable that these visits should be made at very uncertain intervals: thus three months *must* occur between some of the year's visits, and often four, five, not to say six months, may occur. It may be said by some (and especially by those whose great object it is to keep up the tradition that mysterious codes of moral discipline are necessary for the guidance of those who treat the insane) that it is very imprudent, on the part of a medical officer, to

argue in this way with his patient; that quiet reserve is necessary; that reasoning is well enough for the sane, but not for the insane; that there is a broad and distinct line between them; and that those on one side are incapable of appreciating that which those on the other side desire so much, and take so much consolation from. But I repudiate such doctrines in treatment, when they are expressed as a general rule, however much I may see their necessity occasionally. Great discretion, and the most clear distinction of the individual characteristics of each case, is required on such subjects as these; and, for the most part, common sense is a far better guide than would be learned dogmas. The more we advance really in the study of the insane, the more we shall find out the absurdity of precise definitions, and the useful nature of common sense, humanity, and moral influence. The line between sanity and insanity—between those inside and outside of asylums—or rather between those who are, and those who ought to be confined—continually lessens as we advance in the investigation of mental phenomena; and I attribute the greatly increased ratio of recoveries in the present day, in great measure, to the adoption of such comprehensive views, and the surrender of narrow-minded theories. Ask those who have gone through the ordeal, if they do not remember, as one of the bitterest circumstances of their lot, the being placed out of the pale of those rules which control their fellow-creatures; and, if the fact of being treated with common sense and kindness, as if they were still moral agents, has not been one of the brightest and most curative points of their sad history. Unrestricted confidence between patient and physician may be often injurious, I grant, but the contrary extreme is far worse.

We are but still making strides out of that deep chaos of ignorance and gloom amid which our ancestors wandered when they sought to relieve insanity. True, we have escaped from those dark scenes,—when the absurd theory existed, that chains, darkness, and the scourge, were necessary for the relief of the *fully* distracted mind, though sympathy and every moral relief was still permitted and deemed essential for *half* distracted minds,—and when, worse than this, this line between

these two classes was settled by some grave young physician whose mind was irremediably prejudiced by mysterious dogmas;—true, we can all of us thank God that we are free from those scenes of living burials, so deep, so far removed from the hope of any resurrection to all that they once loved again;—true, we can hardly endure to contemplate such awful ideas now in this age of light—that even in tragedy we could not endure such hopeless misery—that our sympathetic eye turns sickening away, unable and unwilling to penetrate the gloom;—but it is also true that we cannot be esteemed really free from the paths of ignorance till we view the effect of moral agents sufficiently, and, forgetting all rigid lines of demarcation, look on insane phenomena as full of varying degrees, and differing from the phenomena of the sane by a most imperceptible gradation. But I must apologise for this digression, and proceed with my argument.

2. *Frequent visits are necessary to free the mind of the proprietor in doubtful matters of discharge.*—To give a second case indicating the necessity of more frequent visits, it continually occurs that the medical adviser has a *bonâ fide* desire for the judgment of the Commissioners. Such a case of perplexity as the following arises, wherein only a perfectly unprejudiced judge can give a satisfactory opinion:—A patient gradually recovers from a very insane condition, and continues pretty well for some time: there are a few points in conduct and conversation which show that health of mind is not fully restored; but still his continuance in a lunatic asylum, amid the distressing scenes of acute insanity, is, to say the least, very questionable. The medical proprietor can hardly avoid feeling biassed one way or the other in this dilemma; for the points of the argument before him are these:—I doubt whether the patient should remain; I know that it is for my own advantage that he should remain (these two facts must almost of necessity arise before his mind—it is useless to pretend that the second is wholly forgotten); but the third point is very differently settled by different minds; for the sensitively refined mind says at this juncture, “He shall leave me;” while the less refined man says, “I will keep him.” Both verdicts are biassed: the

one dreads self-interest too much—the other dreads it too little. It will be said, the good and upright man should neither give way to the one or the other phase of feeling: he should leave out of consideration all matters except his patient’s good. This is no doubt the right course to pursue, and *what all good men aim at*; but it is utopian to believe that it generally exists with any degree of real meaning. Much more probable is one of the two conditions just given; and of course, in proportion as men’s minds are not sensitively refined, the verdict of detention will arise. This may appear a strongly drawn and improbable dilemma, but I believe it to be a very common one; though the habits of thought in many people have become so habitual, and so unconsciously arrived at, that many of their own motives and impulses escape their detection. In such a case, then, as this, the arrival of the Commissioners is a boon, and their prolonged absence a source of trouble, which is felt in proportion to the sensitiveness of the superintendent.

3. *Frequent visits are wanted to settle matters of unavoidable disagreement between patients and their ordinary superintendents and advisers.*—Besides the question of discharge, questions about kindness of treatment, the degree of liberty permissible, and other matters of daily conduct, may sometimes arise, and will arise, very probably, in proportion as superintendents show an anxiety to be kind; for, paradoxical as it may seem, patients will continually, while they appreciate the kindness, take a malicious pleasure in not only trying to manifest indifference to kindness, but in making charges against a superintendent for his very kindness. They are singularly like capricious children in this respect, and cause much doubt and anxiety to the minds of those who have them in charge; and however desirous such persons may be to rule by good will, they are driven to the necessity of hiding a kind intention under the appearance of such firm resolution as may sometimes bear the aspect of sternness. In such cases, where effort on the part of the superintendent only increases discontent, and where nothing apparently will produce satisfaction, it is a relief to him to refer the matter to the Commissioners, while he continues the course which he judges to be best:



and it is far better that he should do so; for it is good for the patient that he should feel that the judgment of the superintendent is not easily subject to change, or his authority to be overturned.

Should any proprietor or superintendent feel that such questions do not arise in their case, and lay any flatteringunction to their soul on that account, I should feel sorry for them rather than the contrary; for I believe that such difficult circumstances as I speak of may be easily avoided by a system of selfish reserve with patients, by not allowing them such a favour as even to listen to their complaints, &c.; and I believe such circumstances are increased by anxious desire to do all that can be done for a patient: but whilst I believe this, I cannot but hold that more danger to the patient arises from the too severe than the too indulgent system.

Such are a few of the evils which arise out of the present inadequate mode of visiting, and one of the peculiarities of the case is, that these evils are felt the more in proportion as the superintendent is anxious to fulfil his duty rightly. It is comparatively easy to avoid the reproof of the Commissioners, and escape animadversion from without. Nothing but direct misconduct would ensure the one or the other. Indeed, direct misconduct would not ensure the latter and more dreaded evil (public animadversion), unless accidental circumstances compelled it into notice. It is difficult, however, to escape free from the challenge of conscience; and, as matters are at present, I believe that many men of refined feelings would refuse to undertake the proprietorship of private asylums, unless the circumstances of family connection, &c., almost compelled them into this course. There is something so terrible to a sensitive mind in the possibility of his motives being misinterpreted, and his actions misjudged,—and that, especially in a case where all the world are inclined to suspect him, and where his less conscientious colleagues often deserve suspicion,—that no wonder he withholds his steps before he enters upon ground which has so much the nature of a quicksand; and thus the event is, that those who are really best suited to this anxious and responsible work are excluded. On the other hand, could he feel that he had a competent superior to rely upon, for freeing him from aspersion, and

of the insane it is peculiarly felt. For, owing to popular agitation, popular suspicions, and lack of confidence on the subject of private asylums, praise and blame must bear almost a morbid degree of importance. A person may so easily be grievously injured without pity, and so grievously injure others without detection, that until more healthy principles are instilled into the system, fruits of morbid growth must appear.

Remove the opprobrium from the much we may feel that the comfort of a good conscience is sufficient, we are authorised in saying that few things are more encouraging to a proprietor or superintendent, than to hear his work duly appreciated and justly praised by those placed over him: but this cannot be fully realized until he knows them to be competent judges. This is the case in all departments, but in the case assisting him in difficulties, he would no doubt feel the ground sufficiently secure to invite him. We read that rulers are not only to be a terror to the evil-doer, but also are for the praise of those who do well; therefore, however associations of a mad-house, if you wish the care of the insane to progress; make this branch of the profession a channel agreeable to men of the highest sense of honour. Do not adopt the short-sighted policy of saying that mad-houses must bear the opprobrium, if they produce the profits. Do not thus demand a secondary class of men, and refuse the highest class. Do not trust to the fact of there being honourable names enrolled in this branch of our profession; for surely it is beginning at the wrong end, that honour should be shed upon a work by individuals engaged in it, rather than that the work should be worthy to confer honour on the individuals.

4. *Frequent visitation is necessary to free the mind of the Commissioner of those inaccuracies of judgment which rare visitation engenders.*—But before I conclude the narrative of evils out of rare visitation, I will mention one which these reflections on the morbid importance of praise and blame naturally suggests, and which affects the relation between commissioner and superintendent, rather than the patient, although the relation between patient and commissioner is by no means free from being injured by it. This evil is of a general nature: it concerns not the

commitment of, discharge of, or conduct towards, a patient directly; it is not likely to arouse public feeling, as it has no heroic terrors enveloping it; but it is a petty annoyance, which it will bewell to have removed. I mean the fact, that rare visits cause a certain amount of inaccuracy, unreality, or rather superficiality of judgment on the part of the Commissioner in matters of detail, which is always undesirable, and sometimes annoying, and entails an appearance of caprice which is far from intended, and cannot be avoided. Take the following example of the results of a general and inaccurate visitation:—A large asylum is kept in good order—clean, comfortable, and suitable to the patients' condition. The Commissioners visit it, say in January; they remark upon its cleanliness, &c., very satisfactorily. In February the superintendent thinks he will try to raise the whole status of the place; it is very large, he can only begin with a part; this part is completed in March; the Commissioners come again, are struck with the superiority of the renewed part, their eye falls upon the part not yet renewed, and the consequence is a remark (kind and unimportant most probably) that such rooms want attention. The superintendent cannot of course do otherwise than take the kind remark in good part, but still he feels it arose rather out of the contrast of the old and new, than from any real imperfection; he feels that the judgment in the two cases did not bear a just proportion; that he had almost better have left the house as it was. However, his own inherent sense of what is right is his guide, and he goes on in his undertaking. Now, though no material harm is done, still it would have been very advisable that the Commissioner should have been in the position to sympathise with the superintendent more; in other words, to really understand all the bearings of the case. The Commissioners are not in fault, the superintendent is much less in fault; the mishap arises from the paucity of visits, and want of accurate observation: that accurate observation so desired by the well-disposed, so stirring to the indifferent, and so needed by the neglectful.

But this inaccuracy of judgment, or rather, insufficiency of acquaintance with the merits of a case, does not fail to injure the Commissioner

in his relation to the patient. For also when visits have had a long interval, those charges so frequently noted down against proprietors, those threats of legal vengeance, &c. which none can avoid, change their course, and are now directed against the Commissioners: indignant remonstrances about this long neglect (which is often morbidly thought to have a personal application) are heard, and contempt for their judgment, when the medical adviser or others refer to it, is not infrequent.

I shall not on this occasion trouble my reader with any more cases of the evils of rare visitation, as I fear I have already occupied too much of his attention. But, before I conclude, I would have it observed, that in this narration of the evils of rare visitation, I have not alluded to any of those *possible* evils which possess much more dramatic effect, and are far more alarming in their character, than those which I have mentioned—I mean the evils of direct misconduct, cruelty, &c., on the part of proprietors and superintendents. I have purposely abstained from them, as my wish is not to show what *might* result in the case of evil-minded men, but what *must* result in the case of men with the best intentions. I abstain from such discussions, because I believe (as things are at present) that the public are excited more than enough with possible evils,—that such bodies as the alleged Lunatics' Friend Society do not allow me opportunity to speak on such subjects; because I believe that the increased enlightenment of the age,—the happy circumstance of neglect and misconduct being so unfashionable as they are,—the fear of public indignation,—and the degree of inspection which already exists, are arguments sufficient to render gross misconduct infrequent and impossible, even amongst those who cannot appreciate any high motives of action. But even if this were not the case, and if gross misconduct did frequently occur, I would not dilate on such arguments for increased visitation, for they would be too apparent to make it necessary to expatiate upon them, and foreign to my purpose in writing these remarks; the great object which I have in writing them being, to ensure the best treatment for the patient, and to free honourable minds from unjust suspicions.

I will, in conclusion, observe, that

when I demand that the Commissioners should be in a position to be conversant with the habitudes and wants of each individual patient, I do not require by any means so much as may at first sight appear. For it is well known, that the vast majority of those under their charge are fatuous and imbecile persons; that out of an asylum of 50 insane, there are not probably above 8 or 9 who would require much attention; and that to expend much on the remainder would be to throw it away altogether. And thus, though many thousands may be under the charge of our commissioners, not above twice as many hundreds would be objects of much individual care and anxiety. Now this fact makes the case of complete supervision, and accurate acquaintance with the details of the work for which the commission is generally understood to be responsible, possible, if only an enlarged staff was organized.

I will conclude this letter with this remark,—that this increased visitation which I have proposed, this taking of the legal responsibility incurred by the detention of patients in private asylums off the shoulders of the inferior officers, and placing it on the shoulders of the superior, will do good service, and that it will enable the medical officer to attend to his own business without

interruption, and diversion of attention. As things are at present, the so termed mad doctor is as much of a lawyer as a physician,—he has to think of his position in a court of law, as much as of the cure of his patients. The continuance of this the medical man ought not to desire; and should his love of display, and interest in dabbling with other professions, cause him to desire its continuance, let him remember that, among other things, the public are tired of his presence in law courts, and wish him well back again at the bedside of his patient. His opinion must, of course, be taken as regards the consignment and discharge of patients, &c.; his evidence will, of course, be required in litigated cases. But it will be good for all parties, when his civil responsibilities weigh less upon him, and his professional and moral occupy as much as possible his sole attention. Surely, to be watching the use of remedial agents—to be raising the hopes of his despairing patient by kindly sympathy and firm control—to be exercising the duties of blessed charity in that course of life in which he is placed, is far more the duty of the physician than to be acquiring readiness and confidence under cross-examination, and mixing himself up with the difficulties of legal life.



## PART II.

### *An abstract of the last paper on this subject.*

IN my last paper on improving the condition of the insano, published in the MEDICAL GAZETTE, October 31, 1851, I dwelt at some length on the necessity that existed for a very much increased inspection of private asylums by the Commissioners in Lunacy. I stated my belief, that a thorough and sufficient inspection was the only antidote to the evils to which the system of private asylums is of necessity and constitutionally prone; that this inspection could only be satisfactorily made by a board experienced in the history of the insane, their paradoxical peculiarities, and real needs; that the present inspection, occurring only once in three, four, five, or even six months, was utterly insufficient to do justice to all parties concerned in the confinement of a patient, whether the patient himself, the medical officers and superintendents, or the Commissioners; and that an inspection once in three weeks or once a month would not be more than sufficient for anything approaching to a thorough supervision and acquaintance with the wants and habitudes of the patients. I supported these views in detail by an endeavour to describe the sort of inspection which the public appear to require of the commission, stating that a general one, such as might suit large bodies of sane men, or departments where the general interests of the superior and inferior officers placed over these bodies were the same, as in the command of troops, the supervision of public schools, public jails, or even public lunatic asylums—would not be sufficient in the case of private lunatic asylums; because the patients, or body acted upon, was unable, from infirmity, to speak for itself; and, second, the subaltern officers (*i. e.* proprietors, superintendents, &c.) had a distinct and opposing interest to the superior officers (*i. e.* Commissioners)—namely, private gain proportioned according to the length of residence of the patients.

These positions I supported by the

practical experience of many years, giving instances to show that rare visitation was a cause of distress most injurious to the hope of a patient's recovery, inasmuch as it puts off from day to day the much-desired appeal to a disinterested tribunal; was a cause of anxiety most annoying to any sensitive and conscientious proprietor or superintendent, inasmuch as it deprived him of a very valuable and necessary referee in all matters of doubt and difficulty; was a means of necessitating an inaccurate and superficial judgment on the part of the Commissioners, which caused their opinion to have less importance than it ought to have; and I concluded with an earnest request that those in authority should enable the medical attendant to follow his peculiar calling of tending on the sick, and that he should not have his attention drawn off so unavoidably to the civil and legal position towards his patient as his present responsibilities necessitated.

The question, however, is full of important matter, to which I have not alluded. I will therefore trouble my reader with a few more statements before I conclude my observations on this subject.

*Frequent visitation will afford a reference to a disinterested tribunal a short time after a patient's first confinement.*

Amongst other benefits of a visitation occurring every three weeks or every month, the fact that a patient would thus enjoy access to a tribunal biassed rather in his favour than the contrary, a very short time after his consignment to an asylum, is perhaps the most important of all. For it must be generally acknowledged that, in a well conducted house, a patient suffers more on account of his loss of liberty, the opposition to his will, and the friendlessness of his position, at the commencement than at any future period of his confinement. I could bring forward many instances of this; but these would be useless and tedious when the common sense of the matter is so apparent.

For what is the state of affairs? When the patient first arrives he knows nothing, probably, of the character of the house, and of its superintendents; he comes a stranger among strangers, with every association and instinctive feeling prejudiced against them. In former times he has shared very probably in the national horror against a mad-house; it may be that insanity inherent in the family has increased this dread. He may have seen one, as it were, in the distance all his life; and, when he has thought upon it, he has clung to his home the more tenderly, his hearth has appeared to glow the more brightly, and his family to be more beloved than ever; while the dim dread that by fell disease he might be deprived of all these may have often cast an ominous cloud across his mind. But now what has suddenly happened? Where is that which was a dim vision—that which was wont to hang so lurid in the distant horizon of his life? It is a reality! it is upon him! sitting like an incubus, oppressing him in a most palpable form! And superadded to the already overwhelming thought that he is mad—that he is in a lunatic asylum—he finds that those he has the most loved and trusted have been the instruments, though the most unwilling instruments, of his consignment. It is of no avail now to argue that they did it for the best; for, though some few may appreciate and believe it, the senses of most patients convince them in a contrary direction; and, not knowing that their senses are erring, they do very naturally argue, “you cannot persuade me out of my senses.” All this is bad enough; but we must remember that all this is superadded to the burden which sent the patient mad. How terrible the strain must be! Such considerations as these are the arguments which rightly counterbalance the advantages of lunatic asylums, and which make it so very important to try more lenient measures before they are had recourse to. What *must* be the state of mind of many a patient so circumstanced, before continued kindness and sympathy on the part of those about him have disarmed his suspicions and anxieties? He would probably laugh in bitterness of spirit if you told him of the humanity and philanthropy of proprietors; for he is not only violently prejudiced against them, but he knows also that, when

any matter becomes a regular business, hearts are prone to grow tough, and tenderness is wont to be esteemed poetry.

Now I would say most distinctly that, at this sad commencement especially, a visit from kind and intelligent Commissioners may prove invaluable. The assurance conveyed by the sense that they will watch over and constantly visit him may often be of incalculable comfort to a patient. And the morbid suspicions entertained against those concerned in his detention may be often thus cut short.

But it must be borne in mind that I by no means imagine that all this good would be gained for all, or even for the generality; for I well know that the suspiciousness of the insane is too often beyond all reason and argument, even amongst those who are capable of appreciating many external truths, and who appear to be but partially insane; while to imagine that any moral means can reach the complete maniac—that any abstract reasoning can apply to him whose attention is wholly fixed upon the creations of his phrensied imagination—would of course be simply absurd. But be the number small who are capable of appreciating the advantages of having a disinterested referee, the intensity of their need makes up for their numerical deficiency.

I hope that, in speaking thus of the comfort derivable from the early presence of a visitor, I by this means should not appear to make little of what on the part of the medical and other attendants on the insane, a kindly tone, a sympathising glance (that page of nature more full of meaning than volumes), a delicate expression of feeling, and cheerful expression of hope can do; for these things will do much and act electrically on those who are keen to appreciate kindness, and can by instinct divide the real from the assumed.

But after a few weeks, the visit of the Commissioners, though still most important, cannot effect so much; for by this time the superintendent, the medical advisers, and others, have had good opportunity to show their genuine good will, if they possess it; and the patient may have learnt to trust in the just dealing of those about him. He may very probably still think them in error, but the state of mind which supposes



misconception, and that which suspects cruelty and a wish to make gain out of his sufferings, are very different. Patients will often say, after some acquaintance, "I believe you mean rightly; I do not accuse you of want of good intention; you are only all of you the victims of misconception." Some even will say, when they tell you of their phantasms and other delusions, "I know all this must appear madness to you, for you are not initiated as I am;" but the state of mind accompanying such remarks is anything but hostile, or calculated to be so injurious to a patient, as that which suspects common honesty of purpose.

An early visitation after the admission of a patient is moreover of peculiar advantage to all concerned in his detention. For at this time many such anxious matters as the following press, and peculiarly require a disinterested referee. Thus it may be desirable that a patient should not see his friends for two or three weeks at least. Objections raised on this account instantly excite the suspicions of the patient, and it is possible that the friends may not acquiesce in the propriety of this decision. At such time as this some disinterested third party—some fair and good judge who might support the opinion of the medical proprietor—would be most useful. I do not mean to say that such an hypothesis is often verified, for the friends of patients are generally full of reliance on the opinion given to them; but still such a difficulty as this may and is more likely to occur during the first weeks, while the superintendent and friends are strangers, than when they become acquainted with one another.

Commissioners, moreover, thus frequently visiting, could take the responsibility of opening letters, &c., upon themselves; a task peculiarly disagreeable to any one of refined feelings, if he is not a perfectly disinterested party, and yet very often necessary for the safety and good of the patient, and that especially during the early stages of his residence.

All the questions which arise between a superintendent and a patient are peculiarly felt at first residence in a well conducted house. Among others, questions of the degree of liberty admissible, of the degree of restraint necessary, of the prospect of release, of the

meaning of what appears to be a mysterious circumstance in the matter of the patient's confinement, &c. A question, for instance, will often arise at the commencement of the patient's confinement, as to the propriety of telling him who were parties to his admission into the asylum, what relative gave the order, what medical men certified to his insanity and fitness for confinement. Such a question as this, to a fair judging medical man, is often full of anxiety. I freely grant that it is easy enough to say, "I cannot tell you, I should transgress the bounds of my position if I did," or to answer in some other trite, though not the less irritating form. I grant, moreover, that in many cases it would do more harm than good to explain the whole truth in this matter. I grant that it is one of the most trying points of a medical adviser's judgment, and a responsibility which he must take upon himself, to settle whether the explanation that a patient's immediate family were the instruments of his detention would assure and comfort, or annoy and exasperate him; but still it would be a great relief to have the judgment arrived at strengthened by the opinion of a competent third party, and its truth attested by an unbiassed supporter.

*An additional reason urging us to adopt every measure which is calculated to allay all reasonable ground for suspicion in our conduct towards the insane, is the fact that morbid suspiciousness forms one of the most distinctive characteristics of the insane.*

In speaking of the necessity of an early visitation as a comfort to a patient after his admission to an asylum, I have often referred to the morbid suspiciousness of the insane. I hope I may not appear tedious if I dwell upon the matter a little; for it is a circumstance worthy of remark, that the insane who are the victims peculiarly of this mental imperfection should be thrown amongst circumstances which peculiarly, and would, under ordinary circumstances, excite suspicion.

The extent to which this morbid suspiciousness exists, may not be fully known to those who have had little experience in the treatment of the insane. This consideration, and the fact that it so frequently lies at the root of insane phenomena, induce me to dwell

upon this subject. Men generally imagine that definite delusions constitute the distinctive characteristics of an insane mind. These are no doubt the fully developed products of a morbid mind, and when they exist to any extravagant extent\* we can no longer doubt as to the insanity of those who exhibit them. On this point all reasonable persons will agree. But in proportion as these delusions are definite and urgent, may the sufferer be said to be out of the reach of moral influence.

There are, however, periods which we must believe to be stages of an unsound mind, which comparatively escape the notice of superficial observers. To these, I would draw especial attention. It may be observed that in many cases, long before definite delusions occur, and probably for some time after they have disappeared, there lurks a peculiar condition of mind, which is chiefly characterised by the morbid suspiciousness above alluded to, and the genuine results of this suspiciousness, namely, extravagant conduct. We are, I believe, justified in thinking that this condition acts frequently as a substratum to distinct delusions, and that it has, as it were, a wider basis over the mind than the delusions; in other words, that it is more persistent, beginning earlier and fading away later. Delusions, moreover, seem to grow out of this state. But this state also *appears to be more subject to moral influence* than the fully developed stage of delusions. To use the words of metaphor, it would seem that that convulsion which is shaking the soil which has hitherto borne the good fruit of a sound mind has not at this stage completed its work, and that the new soil producing the evil fruits of delusions is not yet formed; that, therefore, means which may be available for good during the earlier stage, become useless at a later period. This state, so characterised by suspicion and consequent changes in conduct, may be esteemed to be a state

when a vague general delusion or uncertainty about everything is hovering over the mind, and when all the ordinary bounds and bulwarks of a vigorous mind are fading away, but are not wholly gone. How very important, then, it is, for this stage particularly, that measures should be adopted which would allay all reasonable grounds for suspicion. Instead, however, of being careful on this matter, we have been in the habit of fostering and giving reasonable cause for suspicion.

*An increased inspection might be the means of giving satisfactory information as to the comparative value of asylums.*

Before I conclude the enumeration of advantages likely to arise out of an increased inspection of asylums, I would briefly allude to one indirect though not less important benefit which might arise therefrom. It is this—namely, that the increase of the Beard required for this increased inspection might enable the Commissioners to aid in stopping the degradation to which our profession may be exposed by any persons connected with private lunatic asylums who may have recourse to conduct unbecoming their profession and position as gentlemen, as the best means of establishing their position. For with an increased staff at their disposal, is it not possible for the Commissioners to publish reports as to the state of many matters of detail in the various asylums under their charge, from which the friends of patients in search of respectable and good asylums might obtain satisfactory information? As things are at present, there is a great desideratum on this head. Friends of patients have but little means of obtaining advice, and are too often likely to be influenced by the conduct just alluded to. In some cases, they may take the opinion of their ordinary medical adviser; and, if he be a respectable man, it is probably the best course at their disposal; but even *he* is little able to know the comparative merits of asylums, even if his mind is unbiassed. The only body who can know anything of their comparative worth are the Commissioners themselves: they only have access to all asylums, and they, in consequence, can be the only satisfactory informants to friends wishing for

\* I say extravagant extent, because it is little known how frequent delusions of less activity are. It is little known what unreasonable views on many subjects many who are considered sane hold. The delusions are comparatively harmless, they lead to no overt act, and bear probably, if they are exhibited, only the appearance of what are termed eccentricities. And to be fastidious, all in a certain sense who do not exercise a sound judgment, and who give undue importance to any matter, may be said to be deluded. This, however, is hypocritical.



the best advice. There certainly are great difficulties in connection with this matter, and the Commissioners might well refuse to act as inspector and patron at the same time; for, no doubt, if they did so, unless great care was taken, much jealousy and ill-will might be engendered. But though anything like a minute statement of opinion as to the merits of houses might be unadvisable and injurious; upon certain facts—such as those connected with the extensiveness of the grounds, the good classification, the introduction of modern appliances into asylums, number of attendants in proportion to patients, &c.—the Commissioners might give information. On the present occasion, I would only throw out a hint on this subject, as I own that it is a matter fraught with difficulty, and as I propose to comment on this matter hereafter. The question, however, of seeking to obtain position by means unworthy of our position, is one which peculiarly requires the attention of the profession, if they wish to maintain its character and position unsullied. And I would add, that it daily becomes a more important one; for, as we happily live in an age when monopoly and exclusiveness are dying out, so we live in an age which requires the more caution against all dishonourable practices. In former times, a class interest might watch over the concerns of their profession, from private motives, with a sedulity which we cannot expect to witness when little standing ground is left to monopoly. But in these days, when the education of all members in the profession is assuming a high position of equality, when few privileges will soon be left to any, and when intellect will represent power, it is more than ever necessary that all should strive to shield our increasing army from harm, by expelling those guilty of unworthy conduct from its ranks.

Before I conclude this subject, I would urge a few suggestions on the propriety of having an increased Board of Commissioners, rather than any other body, to supply the required inspection. It is almost needless to oppose the impropriety of esteeming mere ordinary neighbours, however respectable their class, equal to this work. I need but ask any one at all conversant with the insane, whether he be-

lieves that an ordinarily good and intelligent man, but one who has had no experience in the care of the insane, would be at all able to appreciate their paradoxical symptoms and capricious wants. It is mere quixotism to suppose that they would be, or that the condition of superintendents, proprietors, &c., could be comfortable while acting under such a tribunal. Among the qualities of mind necessary for an inspector of asylums to possess, the following four are conspicuous—humanity, common sense, freedom from all petty bias, and experience in the habits and wants of the insane. I place them here in the order of their importance; but, though I place experience last, it is by no means not essential. All that I would suggest by placing the other three before it is that, if I had a friend or brother in this condition, I had rather entrust him to those who possess the first three preeminently and the last only slightly, than the converse. I had rather run the hazard of the good and inexperienced, than encounter the hollow regard too often evinced by those who are termed men of experience. But this is as much as I can say; and, having said it, I must freely own that I believe the condition of all concerned in the matter would be very unfavourable if ample experience did not form a part of the mental endowments of our inspectors.

It may be suggested, why should not county magistrates, accompanied by medical advisers, fulfil this duty sufficiently? To this I would reply that, in their own sphere (the provinces), an increase of this body might very probably suit the necessities of the case; that I believe them to be worthy of all honour and respect on account of their general position, as well as the activity and zeal they have already evinced in the provinces; but that I have had no personal experience of their efficiency, that I can hardly believe that they constitute as efficient a tribunal as those whose only work it would be to attend to this matter; and that, in consequence, I should be sorry to see the metropolitan asylums placed under any other authority than that which already controls them. Added to this, I heartily believe that, if good additions were made to the Board of Commissioners, it must pre-eminently represent the qualities I have mentioned above, both on account

of the high position of their character as a body, and the experience in medical and legal matters which they individually possess. I need say no more on this subject, as I believe few would prefer the inspection of the provincial to that of the metropolitan districts.

*Upon the Additional Expense which this increase would occasion.*

The chief difficulty which would be raised against an increase of the Board would no doubt be the additional expense thence entailed upon the country. Upon this head I would be sparing and cautious in my remarks; for, while I feel that a medical practitioner has not only a perfect right, but a *direct call* to express himself boldly on all matters which fall under his immediate notice (and perhaps under his notice alone), he has little right to make suggestions as to the fiscal arrangements of the legislature. The question of salaries, and of the respectability and character which various amounts in salary can ensure, no doubt requires much and anxious consideration and experience. But if additional commissioners were enrolled, it is not, I presume, necessary that they should all hold equal rank, or rather that they all should have equal pay. The present stipend of our Commissioners is well known to be on a very liberal scale. I do not say that it is a bad economy to have the highest officers in any department as highly paid as they are, but I see no reason why there should not be juniors as well as seniors, or why half the amount of the present stipend might not ensure the accession to the Board of some of the most respectable members of the legal and medical profession, and of gentlemen of birth and position in society.

The increase to the Commissioners' Board which would be necessary to ensure a visit every month or three weeks would not be so great as might at first sight appear. For, first, it must be remembered that what I ask for is, not an increased inspection of all asylums, but only of *private* asylums. Second, to make the visitation three or four times as frequent as it is at present would not entail three or four times the amount of the work which the Board has at present on its hands; for the Commissioners have much to do besides visitation, for which the present Board might still be equal; while the additional members might give up their attention exclusively to visitation.

But I have already said enough on this head. I feel that many injurious reflections may be raised against me for making even this allusion to the public purse in favour of what may seem to be a class interest. And certainly, if the proprietors were alone interested in increased inspection, the suggestion would be simply absurd. But the public will and must think of the patients in this matter: they are a people touchingly dependent on their sane brethren for support; they are wandering in a region where but few rays of comfort and hope enter, and are borne along on a course which has no bright horizon of hope, such as that which generally dawns on the elastic mind of the sane amid the greatest troubles. And yet they are brethren, borne along with us in the same vast river which is ever flowing towards the eternal ocean; their bitter cries rise up, mingled with our careless voices, from that broad stream towards the heavens above them, and both the plaints of the one and the insensibility of the other are registered there.





